Mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WATH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10356
1. PLACE OF DEATH	93.0
County ) omerset	Registration Dist. No. 270
Village or City Custild McCusod	Man - Hast Tal
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edwin Thomas	Cidking.
(a) Residence: No. Marion 1/	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward)	21. DATE OF DEATH 1. +
m Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, Until attended deceased from
0+11-01-	1935, to 0 9 1935
6. DATE OF BIRTH (month, day, and year) Oct / 1895	I last sawhada alive on 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 201/01 m.
38 0 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	My scorper schronic
kind of work done, as SPINNER, Cuts hechan	Co O wration: not stated Cure of
3. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	lule Cordiae
	A
O 10. Date deceased last worked at this occupation (month and year)  year)	Duololowou
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(2,0
	Juliani
13. NAME /E No Capus	Alua
14. BIRTHPLACE (city or town) Wicomica Cor	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Effic a. Shelton 16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT C. E adkins	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) marion Mo	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It aus lemoste Octol 0, 1933	Nature of Injury
19. UNDERTAKER John a Bradchaw	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify AUK
0 + 10 33 e 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) T/YO Ouldown M. D.
20. FILED (10, 19) Registrar.	(Address) As a le o o o o o o o o o o o o o o o o o o
If more blanks are needed, address State Revistrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	0	9	-	0.00
į	U	J	5	6

1. PLACE OF DEATH	7. 68
County Drune!	Registration Dist. No. 2-6 8
Village or City NEals Jalany (16	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Ugnes Una	Colon
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH  (Month)  (Day)  (Pear)
Se. If married, widowed, or divorced	(month) (Day) (Tear)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Solvery Andrews	22. I HEREBY CERTIFY. That I attended deceased from 1933.3., to 1983.3.
6. DATE OF BIRTH (month, day, and year) Mariela 74 1890	I last saw h_l_ elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et/_ 2, 1_m,
36- 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Amount with SAWYER, BOOKKEEPER, etc.	Post Barlines Hernon Gage Oute of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spent in this	
10. Date deceased last worked at this occupation (month end year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Deals Island (State or country)	Other Contributory Canses of importance:  M. W. Casses of E. 4th 4nd
13. NAME Williams & Welsty	
14. BIRTHPLACE (city or town) Dean Istrael Md	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Quanta Whayland  16. BIRTHPLACE (city or town) Ma	23. If daath was due to external causes (VIOLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Frid To Life Sealing	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL PIECE DECLE DEL CL Date GN 3 19 23	Manner of Injury
19. UNDERTAKER Fred, & Stelester	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Deals Mandy	If so, specify
20. FILED QUI 2 1937 Registrar.	(Signed) G. M. D. (Address) G. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Every item of infor-OCCUPApluods PHYSICIANS statement BINDING classified ~ × 田 certificate. properly stated RESERVED Jo may back plnods instructions on that MARGIN supplied. terms, See plain carefully very important. Ξ DEATH pe pinous -WRITE PL OF S CAUSE

NOIL

V. S. No. 1

B

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. DEALS ISI Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U, S, if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDDWED, 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Day) (Year) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from 22 (or) WIFE of death is said 6. DATE OF BIRTH (month, day, and year) If LESS than to have occurred on the date stated above. at Months Days 7. AGE Years 1 day, \_\_ \_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_ / \_ min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years)
spant in this Dato deceased last worked at this occupation (month and occupation \_ \_\_\_\_ Other Cantributory Causes of importance 12, BIRTHPLACE (city or town) DEALS ISLAND, MD. (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town DEALS ISLAND (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_, 19\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) (Signed) Registrar. (Address) \_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Dato of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	41921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF BEAT

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURSAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

t te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10360
state UPA.	1. PLACE OF DEATH	(31)
ould stat	County Sourcet	Registration Dist. No. 263
DOO Jo	Village or City Mr. Nerway	No. St, Ward
0	Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
PHYSICIANS oct statement	2 FILL NAME Leone a. Gloods	revorth
ate.	(a) Residence; No.	St, Ward.
IYS st	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. Ex	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH CLOSUR SI
d.	Male which thered	(Month) (Day) (Year)
X A C T I	5a. If merried, widowed or divorced  HUSBAND of	22. HEREBY CERTIFY That attended deceased from
Alass	(or) WIFE of Mary op,	Jan 1930 10 Oct 31 1933
	6. DATE OF BIRTH (month, day, and year) Wee \$41847	I last saw h alive on Oct 20/ 19.3 3 death is said
ed erl:	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.75 fcm.
stated E properly certificate	86 1 27 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
be s be p of ce	8. Trade, profession, or particular kind of work done, es SPINNER, Retried fareur	Chart Wellet
	SAWYER, BOOKKEEPER, etc.	Charle Value Assessment
should it may n back	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date descend last worked at this pecunation (month and the p	Civil ille Vaccount ( lary indicate) 4 miles
0	- 1 Sport III tins	
AGE that ions	year) occupation	Other Contributory Causes of importance:
oplied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town)  (Stele or country)	
ied. ms, stru	(Stele or county)	
supplied n terms, ee instru	I	
sur tin to See	14. BIRTHPLACE (city or town)  (State or country)	Name of operation
efully su in plain int. See	15. MAIDEN NAME July and forms	What test confirmed diagnosis? Wes there en autopsy?
	The second secon	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
hould be car OF DEATH very import	16. BIRTHPLACE (city or town)   The Complete of Country)	Where did injury occur?
	17. INFORMANT Degree and Bloodsworth	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
should OF D	(Address) Preven and Sad	
Sho	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ion USI	Plece Milliamen Date Car 6 2, 1933	Nature of injury
mation s OAUSE TION is	19. UNDERTAKER All. Doshie	24. Wes disease or injury in any way related to occupation of deceesed?
(T)	(Address) X7, Cline. Reply of Z	If so, specify
The souls	20, FILED OS 1 ZZ, 1933 Stephen, Cohfee	(Signed). M, D.
	Register.	(Address) V (Burney Co. C.)
	Ly more viantes are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.-

should state

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	210-700
	County Somerset	Registration Dist. No. 76
	Village or City Dean Westoner	NoSt.,Ward
	Length of residence in city or town where death occurred 7 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	2. FULL NAME Waryy on by	eoughlou
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	SEX COLOR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /6 (Month) (Day) (Year)
	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
	(6), 1112 61	, 19, 19, 19
uncare.	6. DATE OF BIRTH (month, dey, and yeer) Jan 3, 1976 7. AGE Years Month Deys If LESS than 1 day,	to have occurred on the date steted abova, at 3.45 fm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence
190 10	8. Trade, profession, or perticuler kind of work done, as SPINNER LOOP Child SAWYER, BOOKKEEPER, etc.	Struck by autopuplile Deteriorset
Dack	9. Industry or business in which work wes done, as SILK/ MILL, SAW MILL, BANK, etc	Wrath proporty
0.0	10. Date deceased last worked at this occupation (month end yaer)	
actions	12. BIRTHPLACE (city or town) Philadelphia (Stete or country)	Other Contributory Causes of importance:
ISIL		
	13. NAME WYRNOWN  14. BIRTHPLACE (city or town)	Neme of operation Deta of
Ž.	(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
portant.	15. MAIDEN NAME Elnoya Broughton  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide Leading of injury 10/16, 1953  Where did Injury occur?
ery in	17. INFORMANT Colly Broughten (Address) Historia Ind	Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY. In HOME, or in BUBLIC PLACE,
2 2	Place Mario lan Cem Date Oct 19, 19:33	Manner of injury
110	19. UNDERTAKER JOHN A Bradstaw (Address) Crafield 979	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify
)	20. FILED 10/18, 1933 Genelia 12. Jawson	(Signed) Grand M. D.  (Address) Problem Cooper Med
1	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
11 1101				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH	93-0
County	Registration Dist. No. 260
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  6 - 3/ 193 3  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  WHY The service of	(Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year)  7. AGE Years Months Days If LESS than 1 day,	I lest saw h elive on, f9; death is said to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Abank, etc.  10. Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	Were as follows:  Date of onset  Other Contributory Causes of Importance:
13. NAME  f4. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsylem.  23. If deeth was due to external causes (VIOL ENCE) fill In aiso the following:  Accident, suicide, or homicide? Date of Injury 19
17. INFORMANT DESCRIPTION OF DEMOVAL	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER AM Some Ary. X 1932  19. UNDERTAKER AM Some Am	Manner of Injury  Nature of Injury  24. Was disease or injury in any wey releted to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
1 2021/20			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

-4		
5		

See instructions on back of certificate.

TION is very important.

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95.2)
County Samurset	Registration Dist. No. 269
Village or City Marie MA.	NoSt., Ward
Length of residence in city or town where death occurred Left from the Length of residence in city or town where death occurred Left from the Length of the	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Sether Carr	/ odw
(a) Residence: No. Marie Marie Marie (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  Lared  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 9 1938 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Carr,	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dut Kusw.	I last saw has said alive on Oct 9 4 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	Service decay Date of one of
Kind of work dona, as SPINNER, Faboret  Kind of work dona, as SPINNER, Faboret  SAWYER, BOOKKEPER, etc.  Jindustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date doceased last worked at this occupation (month and	Artheronichs arteries N
10. Date doceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Somerset County (State or country)	Other Contributory Causes of importance:
13. NAME Melian Carr	Enfeibles Heart
13. NAME Melian Carri  14. BIRTHPLACE (city or town) Somerson Caputy  (State or country)	Name of operation Date of
15. MAIDEN NAME (Rhola Baccolo	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chara Baccelos  16. BIRTHPLACE (city or town) Somerset Go  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicida, or homicide?
17. INFORMANT CULTURE (Address)  (State or country)  Maryand  Mary	Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR MEMOUVAL A Jean O. +	Manner of injury
Placa 4 12, 1933	Natura of injury
19. UNDERTAKER Janues J. Warning (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Oct 12, 1933 (mm) 5, 12 mutt	(Signed) Jalen J Kuby M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
101 A V.B.			
Other contributors causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

1. PLACE OF DEATH	
County Somuset	Registration Dist. No. 270
Village or City Marion	No. R. A. D. St., Ward
(I	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	,
2. FULL NAME allexander ( hunos	h
(a) Residence: No. Farm	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Oct 24, 193 3  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Church	22. 1 HEREBY CERTIFY. That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) Whonorum	last sew h elive on _ Q _ 2 \
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 11:30 A.m.
about 45- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	acut del 7 Hears. Date of onset
	Inhabital Hommelagles
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at Oct   11. Total time (years)	
this occupation (month and 1833 spent in this occupation	
Alaum.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Joffma serve
13. NAME James Church	
13. NAME James Church  14. BIRTHPLACE (city or town) Unbrown	Name of operation
(State or country)	What test confirmed diagnosis? Meal Was there an autopsystem
15. MAIDEN NAME UNISMOUN	23. If death was due to external causes (VIOLENCE) fill in elso the following:
<u> </u>	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
Clarence Hill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Carone Aug. (Address) Onanon And	opecity whether injury occurred in industrit, in nome, of in public peace.
18. BURIAL, CREMATION, OR REMOVAD	Menner of injury
Place February Com Date Oct 27, 1933	Nature of injury
19. UNDERTAKER John A Bradshon (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILE CT 127 19 3 3 Exolling	(Signed) Levry Duellous M. D.
Registrar.	(Address) Masses Mg
If more blanks are needed, address State Registrar,	241x N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		0365
County 50 TO PICE!	Registration Dist. No. 7.6	5
Village or City Princess Anne	No	Ward
Length of residence in city or town where deeth occurred 20_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME TITY YELD THE ILLES Q	Gordory	
(a) Residence: No. Prace Tid		
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1933
tem (col. marria	(Month) (Day)	(Yoar)
a. If merried, widowed, ar divorced HUSBAND of Gory B. Sordery	22. T. 6 I HEREBY CERTIFY. That I attended of	deceased from
DATE OF BIRTH (month, dev, and yeer) July 94 1892	1 lest sew h. 9 r elive on Oor 23 1935	; death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, et 12. 154m.	
d 0 3 75 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Detrofesset
8. Trade, profession, or particular kind of work done, as SPINNER,		Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which		Jan.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occuration (month and seem to the seem to	Ingraturicosis	1433
Date deceesed last worked et this occupation (month and spent in this occupation (month and spent in this spent in the spent in this spent in the spent in this spent in the spent in th		
yeer) spent in this occupation (month and 1)	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) 11974 10 48	other states of hippinghes.	
(State or country)	Myocarditis	Tipay B
13. NAME deorge ( W), turnoss	1.()	10
13. NAME desige Les, furnoss  14. BIRTHPLACE (city or town) 777 ary 1 and	Neme ef operation Dete of	
(State or country)	Whet test confirmed diagnosis? Wes there an a	
15. MAIDEN NAME Auches her Nutter  16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury	, 19
2 8 8 1	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
7. INFORMANT PO POLICE ATTO	Specify whether injury occurred in INDUSTRY, in NOME, of in Public PLA	NCE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Plece IVI Sley Considerate Q 26 25 19 33	Nature of injury	
19. UNDERTAKER Saines & Delemis	24. Wes disease or injury in eny way releted to occupation of deceesed?	
(Address) Pomilie Agree 1 2006)	If so, specify	
20. FILED Och . 25, 19 33 1 Jmul	(Signed) Sedou I. Jullomac	WM. D
Registrar.	(Address) Transcos Que	7710

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF DEATH  County  Village or City.  Vil	STATE OF MARYLAND	CERTIFICATE OF DEATH 10367
Village or City.  Length of residence in city or town where death occurred	1. PLACE OF DEATH	(131)
Langth of residence in city or town where death occurred yrs mos.  2. FULL NAME	County Opersel	Registration Dist. No. 260
Length of residence in city or town where death occurred yes		NoSt.,Ward
(a) Residence: No. (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  1.588		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  6. DATE OF DEATH  (Month)  (Day)  (Worth)  (W	2. FULL NAME Occura Nutter	Williams
3.5 EX		
So. It married, vidowest diversed (Month) (Day)  So. Trade, profession, or particular (Month) (Month) (Month) (Month) (Day)  So. Trade, profession, or particular (Month) (Month) (Month) (Month) (Day)  So. Trade, profession, or particular (Month) (Mo	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trada, profession, or particular kind of work done, as SPINNER, BOUNKEEP, etc.  9. Addition of work done, as SPINNER, BOUNKEEP, etc.  10. This profession which was done as SIK MILL, SAW MILL, BANK, etc.  10. This profession of work done as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession, or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession, or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession, or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession, or particular kind of work done, as SPINNER, BOUNKEEP, etc.  10. This profession, or particular kind of work as SPINNER, BOUNKEEP, and the data stated above, at Six of a bate on the data stated above, at Six of a bate on the data stated above, at Six of a bate on the data stated above, at Six of a bate on the data stated above, at Six of a bate on the data stated above, at Six of a bate on the data stated above, at Six of a bate on the data stated above, at Six of a bate on the six of a bate of a	OR DIVORCED (write the word)	Ellotter 8 193 3
8. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  I day. hrs. of min.  8. Trada, profession, or particular kind of work done, as SPINNER, Moderate were as follows:  Week as follows:  Date of onset  Week as follows:  Date of onset  Week as follows:  Date of onset  Date of	HUSBAND of	
7. AGE Years Months Days IT LESS than 1 day. hrs. or min.  8. Trade, profession, or particular were as follows:  8. Trade, profession, or particular in the principle of the pri	The state of the s	1932, 10 October 8 1933
Same		I last saw har ative on Oclober 7, 193 3; death is said
8. Trada, profession, or particular kind of work done, as SPINNER, Advisor SAWYER, BOOKKEPER, etc.  9. Andustry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Dita deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation (month and year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  (Signed)  (Signed)  (Signed)  (Address)  Man and operation.  Date of importance:  Date of importance:  Date of importance:  Date of onset  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in Elliello, PLACE,  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  (City or town)  (Signed)  (Signed)  (Address)	- 000	
S. Trada, profession, or particular side of wirk done, as SPINER, MALLES SAWYER, BOUKKEPER, etc.  3. Andustry or business in which work was done, as SILK MILL,  3. MAMILL, BARK BOUKKEPER, etc.  12. BIRTHPLACE (city or town).  (State or country)  Maryland  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place William and Supplementations of injury.  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  20. FILED  20. FILED  21. Total time (years) spant in this occupation.  Cerebral three will be used to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?  Date of injury.  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or the PIBLIC PLACE.  (Signed)  My D.  Registrar.  (Address)  (Signed)  My D.  (Signed)  My D.  (Address)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	word on follows:
SAWYER, BOOKKEPPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place.  19. UNDERTAKER (Address)  19. UNDERTAKER (RAddress)  20. FILED.  21. Totat time (years) Spant in this occupation Other Coutributery Causes of importance:  21. Totat time (years) Spant in this occupation. Other Coutributery Causes of importance:  21. Totat time (years) Spant in this occupation. Other Coutributery Causes of importance:  22. Manuel of importance:  23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, subcide, or homicide? Date of injury Where did injury occur?  (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,  (Address)  24. Was disease or injury in any way religied to occupation of accessed.  (Signed)  (Signed)  (Address)	8. Trada, profession, or particular kind of work dona as SPINNER	ap Descriptions
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  21. BIRTHPLACE (city or town) Occupation  22. Occupation  23. If death was due to external causes (VioLence) filt in also the following: Accident, sulcide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury Natura of Injury Natura of Injury Natura of Injury Natura of Injury  24. Was disease or injury in any way related to occupation of accessed; M. D.  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)	SAWYER, BOOKKEEPER, etc.	Mone pepperelis 1 year
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  21. BIRTHPLACE (city or town) Occupation  22. Occupation  23. If death was due to external causes (VioLence) filt in also the following: Accident, sulcide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury Natura of Injury Natura of Injury Natura of Injury Natura of Injury  24. Was disease or injury in any way related to occupation of accessed; M. D.  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)	9 Andustry or business in which work was done, as SILK MILL,	Cerebook of Ecorchage Iday
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  21. BIRTHPLACE (city or town) Occupation  22. Occupation  23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, sulcide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Natura of Injury Natura of Injury Natura of Injury (Signed)  24. Was disease or injury in any way related to occupation of acceased; M. D.  (Address)  26. Gigned) (Signed) (Address)  Cigned)	SAW MILL, BANK, etc	
Other Contributory Causes of importance:  Other Contributory  Nama of operation.  Date of inductory It and so the following:  Accident, suicide, or homicide?  Other Contributory Causes of importance:  Other Contributory Causes of importance	2 Shart till till 2	
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  21. OS FILED  22. FILED  23. If death was due to external causes (VIOLENCE) filt in also the following:  Accident, sulcide, or homicide? Date of injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address)  Name of operation  Name af operation  Name af operation  Name af operation  Name af operation  Name of operation  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Name of injury  Nature of injury  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)	) - Octobation	Other Contributory Causes of importance:
What test confirmed diagnosis?  Was there an autopsy? The second state of country of the second state of t		
What test confirmed diagnosis?  Was there an autopsy?  It also the following:  Accident, sulcide, or homicide?  Octive or county  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Manner of injury  Natura of Injury  Natura of Injury  19. UNDERTAKER  (Address)  Was there an autopsy?  Accident, sulcide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury  Natura of Injury  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)  (Address)	13. NAME FELER Holling	
What test confirmed diagnosis?  Was there an autopsy?  It also the following:  Accident, sulcide, or homicide?  Octive or county  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Manner of injury  Natura of Injury  Natura of Injury  19. UNDERTAKER  (Address)  Was there an autopsy?  Accident, sulcide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury  Natura of Injury  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)  (Address)	14. BIRTHPLACE (city or town) Mary Cared	Nama af operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  21. Was disease or injury (Specify city or town, county and State) Natura of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Injury)  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased; (Signed) (Signed) (Signed)  (Address)  (Address)	(State or country)	41
Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Manner of injury  Place Was disease or injury in any way related to occupation of deceased;  (Address)  24. Was disease or injury in any way related to occupation of deceased;  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  Natura of Injury  (Address)  24. Was disease or injury in any way related to occupation of deceased;  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Signed)  (Signed)  (Signed)  (Address)	15. MAIDEN NAME Seelea	
Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Manner of injury  Place Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER (Address)  20. FILED OCT 10., 1937  Address  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Signed) Manner of injury  (Address) Manner of injury  (Signed) Manner of injury  (Signed) Manner of injury  (Address) Manner of injury  (Signed) Manner of injury  (Address) Manner of injury  (Signed) Manner of injury  (Signed) Manner of injury  (Address) Manner of injury  (Address) Manner of injury  (Signed) Manner of injury  (Address) Manner of injury  (Address) Manner of injury  (Address) Manner of injury  (Signed) Manner of injury  (Address) Manner of injury  (Address) Manner of injury  (Signed) Manner of injury  (Address) Manner of injury  (Address) Manner of injury  (Signed) Manner of injury  (Address) Manner of injury  (Address) Manner of injury  (A	TE DE BERTHRE ACE (AIN)	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Western Cet 124, 19. 33  Manner of injury Natura of Injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)  (Address)  (Address)	(State or country)	
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place Welsey Countries Oct 12, 19.33  19. UNDERTAKER CAMES I PROMISS  (Address)  20. FILED OCT 10., 19.33  Address)  Register.  Manner of injury Natura of Injury  (Signed)  (Signed)  (Address)  (Address)  (Address)	Nall: W.t.	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Welsey Countries Oct 12, 19.33  19. UNDERTAKER CAMES I PROMISS  (Address)  20. FILED OCT 10., 19.33  Amount of injury Natura of Injury  19. Was disease or injury in any way related to occupation of deceased; (Signed)  (Signed)  (Address)  (Address)		Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
Place Wester Country Oct 12, 19.33.  Natura of Injury  19. UNDERTAKER COUNTRY Shelmus  (Address)  20. FILED OCT 10., 19.33.  19. UNDERTAKER Country Shelmus  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)		Manner of injury
19. UNDERTAKER CALLES I PLEASED TO SIGNED 19. UNDERTAKER CSigned)  24. Was disease or injury in any way related to occupation of deceased?  25. FILED 0.9 10 , 19.32	Place Welsley Cemeber Oct 12, 19.33	
(Address)  20. FILED. O. G. 1932 J. D. Th. (Signed) William Maniford M. M. D. (Address) General Maniford M. M. D. (Address) General Maniford M. M. D.	0 0/11/12/8/100	( ) W.
20. FILED. O. C. 1933 J. Danthe (Signed) / Elly Maniford 4 M. D. (Address) General Head.		
20. FILED 3. 19	(Out on the out of the	117111411111111111111111111111111111111
		(FB: 12 ) He de

CENTIFICATE OF DEATH

40000

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	. 1 year	

+	CORD. Every item of infor- PHYSICIANS should state of statement of OCCUPA.	
D FOR BINDING	IIS IS A PERMANENT REG be stated EXACTLY. I be properly classified. Exa	or certainments
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of cartificate	The man was the control of the control
V. S. No. 1	N. B.—WRITE PLAINLY mation should be ca CAUSE OF DEATH	Today Con

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	45 10368
County Dormersel	Registration Dist. No. 268
Village or City Keals Island	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
1.X 100	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME The St. Frond	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 201 4. COLOR OB RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	/O / 1933 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended decaased from
7 Jan. 20 6 . 1	July 15 ,19 33, to 0 st 11 ,1933
6. DATE OF BIRTH (month, day, and year) Les Grand 1864	I last saw h_ alive on Oct 1/ 19.33; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated abova, at
67 7864 0 D ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0 1 00 1
9. Industry or business in which	Carenona of good wood
work was done, as SILK MILL, SAW MILL, BANK, etc	12 mo.
Date deceased last worked at this occupation (month and spent in this	0-40:
year) occupation	Ohr Carl A
12. BIRTHPLACE (city or town) Leals Island	Other Contributory Causes of importanca:
(State or country) md	
13. NAME John Sh. Ford St. 14. BIRTHPLACE (city or town) Danie 1/4	
= 14. BIRTHPLACE (city or town) Desses 1/4	Name of operation Data of
(State or country)	What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Sarah 21. Jamison 16. BIRTHPLACE (city or town) Ballo	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Ball	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Isgailla nord	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Weak Island	• • • • • • • • • • • • • • • • • • • •
Place Ne calo Isl 2 Date Cost 121933	Mannar of injury
C	Nature of injury
19. UNDERTAKER TIMES I OSTITUTE	24. Was disease or Injury in eny way related to occupation of deceasad?
(Address) Deals Island m	If so, specify
20. FILED JUL 12, 1937 Roma Willater	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of cpilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance:	1 year		
112 43, 1,1000		2 your		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy  1921 Run over by street car  July 5,1927 Peritoritis  Other contributory causes of importance:		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

		CERTIFICATE OF DEATH 10369
	1. PLACE OF DEATH	81)
1	County Somersot	Registration Dist. No. 263
	Village or City 11/1 Cornon	No. St., Ward
	1	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
		Ganes
	2. FULL NAME deorge dames	
	(a) Residence: No. py. Charse: 151 H. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Mala Col OR DIVDRCED (write the word)	Od- 2046 193 2
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND OF Francis Pin Hett	1 HEREBY CERTIFY, That I attended daceased from
	0 1 1000	, 19 , 19 , 19 , 19 , 19 , 19 , 19
ate.	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
certificate	7. AGE Years Months DOW If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2
ert	or min.	were as follows:
of c	8. Trade, profession, or particular kind of work done, as SPINNE Sommon Rabot	
	9. Industry or business in which	Progressive Bulbar Pavalysis 1930
back	work was dona, as SILK MILL, form	Progressive Bulbar toralysis 1930
	10. Data deceased lest worked et this occupation (month and 1931 spent in this 40 year) occupation coupation	
instructions on	this occupation (month and 1931 spant in this 40 48	Other Coutributory Causes of importance;
ctio	12. BIRTHPLACE (city or town) 11/1 Uemon 110.	Other Country Causes of Importance.
tru	(State or country)	
ins	13. NAME dom Jamos	
See	14. BIRTHPLACE (city or town) THE GRY / aud.	Name of operation
ζΩ.	(State or country)	What test confirmed diagnosis?
ınt.	15. MAIDEN NAME Tatilda Parris	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
important.	5 16. BIRTHPLACE (city or town) 11 orul a (2)	Accident, suicide, or homicida?
mp	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT COWARD Tomas	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
is very	(Address) 77/7 Dam ou Somerse to 7/2	
2	Place M. Vernon Date 22 1933	Manner of Injury
LION	9 ( )	Nature of injury
TI	19. UNDERTAKER COMMING JONES -	24. Was disease or injury in any way related to occupation of deceased?
	(Address)	(Signed) Esson A. Marie M. D.
1	20. FILED OUT, ZZ, 1933 Stephen, O. Toppenin	
1	Registrar.	(Address) Ky. UNIX 1 Miles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II		
e of death and related causes e as follows:	Date of onset	
	1 week ago	
•	1 week ago	
	3 days ago	
causes of importance:	1 year	
	dates of importance.	

state

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 7 V-	4 .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(120)
County Jonnerses	Registration Dist. No. 2. 6
Village or City Deals Slaud	No. St., Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
Mas & L.	- Astrian
2. FULL NAME / Wary 6 Carris 17	CA Word
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Och 5, 1933. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1930 A 1930	1   1   1   1   1   1   1   1   1   1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. A. m.
. 2 90 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Cente Entertis 9-30-3
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and spent in this occupation coupation occupation	
12. BIRTHPLACE (city or town) Sollo Will (State or country)	Other Contributory Causes of importance:
E / 1   2 O / 1	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MOUND DENS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT George of the Company (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date	Manner of injury
19. UNDERTAKER AMURISM SILONOMA (Address)	Nature of Injury
20. FILED Oct 5, 1933 Rosa Welsty Registrar.	(Signed) D. M. Shevity M. D.  (Address) Dust July M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

use of death and related causes are as follows:	Date of onset
	1 week ago
ar	1 week ago
	3 days ago
y causes of importance:	
	1 year
_	ory canses of importance:

county J'omeiset	Registration Dist. No. 270
Village or City Crestield Mc Cresty M.	Mard feath occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 9 yrs mos  2. FULL NAME Unclette CEA	
(a) Residence: No. In Faim orear Cust	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Oct (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of The Control of C	22. OF LIHEREBY CERTIFY, Thet Lattended deceased from
6. DATE OF BIRTH (month, day, and year) May 22 1923  7. AGE Years Months Days if LESS than	I last say how alive on 6 1 15 ,1933; death is said to have occurred on the date stated above, at 120 A m.
9 4 24 1 day,	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lobor Premonia
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Pericorditis
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
I 13. NAME Hathan Reed	probabotion
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIOEN NAME Havel Jackson  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Author Red (Address)	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Survey Con Date Oct 11, 1933.	Manner of injury
19. UNDERTAKER John G. Bradston (Address)  20. FILED Con 1619 73 Loglowelling	24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) 11. // Coulbours M. [
Registrar.	(Address) Qual of L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORNET V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	ADDITIONAL	SPACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	---------	-----	---------	------------	----	-----------

MARGIN RESERVED FOR BINDING

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 1037	73	
1	PLACE OF DEAT	TH			(Fig. 6)		
County Somewest					Registration Dist. No. 26		
	Village or City	marin	y pli	mo	No.	Ward	
			·	h h (If	death occurred in a hospital or institution, give its NAME instead of street and num	nber)	
	Length of residence in cit	ty or town where de	eath occurred/	yrsV_mos	ds. How long in U.S. iI of loreign birth?yrsmos	ds.	
2	FULL NAME	disce	may	prus			
	(a) Residence: No	moun	~ (/		St., Ward.		
	PERSONAL AN	D STATISTIC	(Usual place		If nonresident give city or town and Sta	te	
3 5		R OR RACE		RIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH		
Te	and C	Pal		D (write the word)	(Month) (Day)	13 JJ	
5a.	If married, widowed, or divo HUSBAND of				22. I HEREBY CERTIFY That I attended doe		
(or) WIFE of Club					22. I HEREBY CERTIFY, That I attended deceased Irom  Of 2 0 1933 to Of 25		
6 1	DATE OF BIRTH (month, day	u and year) (LL	24/	932	I last saw have alive on Old 2 + 1933 d	,	
_	GE Years	Months	Days	II LESS than	to have occurred on the date stated above, at & Them.	eatu 12 2910	
	,	7	1	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
_	8. Trade, profession, or particular				were as follows:	ata of onset	
PATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc						
CUPA	9, Industry or business in which work was done, as SILK MILL A fauf						
ပိ	Date deceased last worked at this occupation (month and year)			nt in this			
12. BIRTHPLACE (city or town) (State or country)					Other Contributory Causes of importance:  Bringle Presented		
ا يم	13. NAME MIDE	0 1	elso				
THER	1119						
FA	14. BIRTHPLACE (city or town) (State or country)				Name of operation Date ol		
15. MAIDEN NAME Sudy Halland					What test confirmed diagnosis? Was there an auto	psy?	
16. BIRTHPLACE (city or town)					23. II death was due to external causes (VIOLENCE) fill in also the Iollowing:  Accident, suicide, or homicide?		
Σ	(State or country)	ountry)			Where did injury occur?		
17. INFORMANT Ellewie Hollung (Address) myn mo				-d	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL CEUSETROGOT 27, 1973					Menner of Injury		
					Nature of injury		
19. UNDERTAKER Shoes H Word					24. Was disease or injury in any way related to occupation of deceased?		
20.	FILED 10/76,1	33 Que	cen 18	Registrar.	(Address) my man	M. D.	
				stegistrar.	(Undited)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

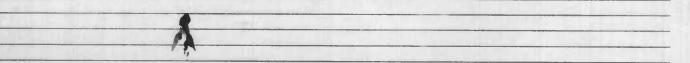
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail inerchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

ż

County Someral WITHIN CORPORAT	Registration Dist. No. 263
Village or City Creefee of 137	No. St., W  f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U. S. if of foreign birth? yrs. mos.
2. FULL NAME  (a) Residence: No. 1375, 444  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)
5a. If married, widowed, or divorced V HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f
40	
6. DATE OF BIRTH (month, day, end year)	I last saw h elive on, 19; death is
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, BANYER, BOOKKEEPER, etc.	Of a land
9 Industry or business in which	Johnous work Jep
work was done, as SILK MILL, SAW MILL, BANK, etc	and and the contraction of
10. Oate deceased last worked et this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Curfuelef und	Other Conditionary Causes of Importance.
(State or country)	
13. NAME West Puncy	
13. NAME ALLE (City or town) Devel Jung	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 2
15. MAIDEN NAME Eller Williams	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT Charles S. L. Land Charles	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place (Slenny)	Nature of injury
19. UNOERTAKER John Thomas A (Address) 1375.414 Thomas A	24. Was disease or injury in any way related to occupation of deceased?
0. + 22 32 3 1 1 1 1 1 1	If so, specify (Signed) W. Systuffley
20. FILENOVI. 23 1933 COUNTY	M

4 17 47 -7 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

stated EXACTLY. PHYSICIANS should state A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be -WRITE PLAINLY, WITH

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	/_	(3)
County Smuss	•	Registration Dist. No. 26/
Village or City mars	5 M	NoSt.,Ward
Length of residence in city or town where de	eath occurred yrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CHILL	re dojan	
(a) Residence: No. mou	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Oct 5 1933
5a. If married, widowed, or divorced HUSBAND of	0	(month) (bay) (fear)
(or) WIFE of Svenerson &	vjau	22. I HEREBY CERTIFY. That I attended deceased from 1933., to Oct 5 1933
6. DATE OF BIRTH (month, day, and year)	four.	1   1   1   1   1   1   1   1   1
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 1/9' m
56	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	( VI = « o o o o IIIIII)	acut Del 7 New Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	***************************************	
X Name procession, or particular, and work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	neunt	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation 36	
12. BIRTHPLACE (city or town) mg		Other Contributory Causes of importance:
(State or country)		Clime nyrandeles Clime Sut
14. BIRTHPLACE (city or town)	4	nephrito
14. BIRTHPLACE (city or town)	d	Name of operation Oate of
	allum	What test confirmed diagnosis? Was there an autopsy?
I A	accum.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
17 INFORMANT There I for	sou	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) mann	rud	Specify whether injury decented in Product, in nome, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	infa an	Manner of Injury
Place / Multip Market	Date 178 , 1933	Nature of injury
19. UNDERTAKER has the	vard and	24. Was disease or injury in any way related to occupation of deceased?
(Address)	arions gold	If so, specify
20. FILED 17 , 1933 Sure	elia 10 tauxou	(Signed) Lever 9 & William . M. D.
/	Registrar.	(Address) Tuesma must

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	distance of the same of the sa	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NORES Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
			J

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TO DEATH 10376
County Somesit	Registration Dist. No. 270
Village or City Cusfuld. Mc Curdys &	Marorial Hasfital St., X Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James & nock	
(a) Residence: No. 2 nd Strut	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (printe the word)	21. DATE OF DEATH Oct 23 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	Oct 19 1937, to Oct 23 1987
6. DATE OF BIRTH (month, day, and year) Oct 26 1914	I last saw handlive on O.P. 23. 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8./174 m.
/ 9 D	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Clerks	aced all Hest. Oate olonset
9. Industry or business in which	
work was done, as SILK MILL,  SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the companion of month and the companion of the companion	Had not been feeling well for four
O 10. Date deceased last worked at this occupation (menth and year) 11. Total time (years) spent in this occupation	Monthly
12. BIRTHPLACE (city or town) Curofield	Dther Contributory Causes of importance;
(State or country)	acet messester tuberenlouse
13. NAME Janus D Avely 14. BIRTHPLACE (city or town) / Kingston	Devotion: two weeks, engo
4 14. BIRTHPLACE (city or town) / Lingston	Name of operation 700. Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Auth Mason  16. BIRTHPLACE (city or town) Coffied  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT James D. n rela	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Spiels Country Oct 26 1933	Manner of injury
19. UNDERTAKER John a Bredstan	Nature of injury
20. FILEDOUT. 26, 1933 E Ecollins Registrat.	(Signed) / (Signed) M. D. (Address) (Address)
76 11 1 1 1 2	(Address) Leves Medianore Requesting T. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	v may	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
PREENU V.B.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year
	1		1

	WR	
944	1	
ó		
No.	m,	
8/2	-	
>	Z	1

Open Control	1. PLACE OF DEATH	MANILAND	CERTIFICATE OF DEATH	1027"
	County Lance	1	Registration Dist. No.	160
	Village Dr City & Princes	s Anne	2- 11/	St., Ward
	Length of residence in city or town where deeth oc		f death occurred in a horpital or institution, give its NAME instead of stre	et and number)
		2 / HP	now long in 0.5. If of loteign bitting yes.	TROSOS
	(a) Residence: No.	Moren ( VI	St. Ward.	
		Usual place of abode)	If nonresident give city or to	wn and State
	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEA	TH
6	male col. OR	NGLE, MARRIED, WIDOWED, DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>3</u> (Yaar)
	a. It marriad, widowed, or divorcad HUSBAND of (or) WIFE ot	<i></i>	22. I HEREBY CERTIFY. That I at	itendad deceasad from
	DATE OF BIRTH (month, day, and year)	-1,25,1933	I last saw h. ime alive on Octo 1199, 1	93 3; death is said
	. AGE Yaars Months	Days H LESS than	to have occurred on the date stated above, at 12 m.	
	0 6 9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Important wara as tollows:	Data of onset
	8. Trade, protession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc	7/1	mainulaises	- Sagar
1	9. Industry or business in which work was dona, as SILK MILL,	20.6	() CIOUSELIS	
	S I Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	11 Total time (wasse)		
	this occupation (month and year)	11. Total time (yaars) spent in this occupation		
	2. BIRTHPLACE (city or town) . O.	- Anne	Other Contributory Causes of importance:	
	(State or country)	mil		
	13. NAME — ensalousy B	ever		
1	14. BIRTHPLACE (city or town)	melmefson	70	ita of
		ila nelson	What tast confirmed diagnosis?	
	15. MAIDEN NAME (Lice BR)  16. BIRTHPLACE (city or town) (State or country)	one-/	23. If daath wes dua to axternal causas (VIOLENCE) fill In also that to Accident, suicida, or homicide?	ollowing; 
	(Stata or country)	Mas	Where did injury occur?	,
1	7. INFORMANT Greenfring B. (Addrass) Errusice	ivino Pue	Specify city or town, county a Specify whather injury occurred in INDUSTRY IN HOME, or in PUBL	and State) LIC PLACE.
	8. BURIAL, CREMATION, OR REMOVAL Place ULL Portfolio Date	16=13 1933	Manner of injury	
2	9. UNDERTAKER William 1.	my Orec	24. Was diseasa or Injury In any way related to occupation of decaes	ad?
	0. FILED Oct 12 1933 J	1 1 H re	If so, spacify  (Signed) The IS	O M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
UDDITIONATO	DE LECTS	T. OTC	T. O ICT TITISIO	D T TY T TYNY THY I TO	AP A	T TT T DICTITI

should state A PERMANENT RECORD. Every item of infor-PHYSICIANS stated EXACTLY. FOR BINDING WITH UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLAINLY, N. B.

1. PLACE OF	EATH	-/-	(153)	110
County	quer	et	Registration Dist. No.	60
Village or City_	Vauc	us der	NoSt.,	War
Length of residence	in city or town where		f death occurred in a horpital or institution, give its NAME instead of street are.  ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME	Jul	aut Val	k	
(a) Residence:	to		St., Ward.	
		(Usual place of abode)	If nonresident give city or town a	
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 1	V hete	5. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Clove 2	7 . 193 3 (Yaar)
5a. If married, widowed, o HUSBAND of (or) WIFE of	divorced	0	22. OF HEREBY CERTIFY. That Leattend	ed deceased fro
6. DATE OF BIRTH (mon	h, day, and year)	et 18,1933	I last saw h aliva on Oct 26 193	3; death is sa
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at 3m.	
0	0	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession	or particular <	2000	P. 10 . S10 - 7	Date of ons
kind of work SAWYER, BDC P. Industry or busir work was don SAW MILL, B. I.D. Date daceased la	KKEEPER, etc	700000	Menphigue Constorium	642
work was don	e, as SILK MILL, NK, etc.			
I Date daceased la this occupatio	t worked at	11. Total time (years) spent in this		
year)		occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or	own) Tona	relavel	Differ Coadibatory Cases of Importance.	
(State or country)	. 0 -			
13. NAME Cu	ebrey	volk		
14. BIRTHPLACE (city		narulacco	Name of operation Date of	
(Stata of con)		Ma O Busin	What tast confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city	my	101.	23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city		tena	Accident, suicide, or homicide? Data of Injury	, 19
14	no Cul	treet Polh	Where did injury occur? (Specify city or town, county and S	State)
17. INFDRMANT(Address)	Tane	en ann mo	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE,
18. BURIAL, CREMATION,	DR REMDVAL		Manner of injury	
PlaceP	men la	ne Date Oct 27, 1933	- Nature of injury	
19. UNDERTAKER (Address)	amson	mels	24. Was disease or injury in any way related to occupation of deceased?	1/ 1
20. FILED Oct 2:	7. 1933 Nu:	I Jacob Smith	(Signed) Lygheru Tollers	Jan.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 2 1803	July 5,1927	Peritonitis	3 days ago
	TETTERSMATINAVES.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR FU	URTHER STATEM	ENTS BY PHYSI	CIAN

If there blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPA-PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be B.-WRITE PLAINLY, W

V. S. No. 1

should state

1. PLACE OF DEATH	10381
County Jonnesses	Registration Dist. No. 270
Village or City Cresfield, Mds.	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Frances DV. 11	ague
(a) Residence: No. Lausain Correte (	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE   5. SINGLE, MARRIED, WIDO OR DIVORCED (purite the	word) (c) 1933
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Euroe to Miggin 1	22. October 4 19 33 to October 10 1933
6. DATE OF BIRTH (month, day, and year) July 19 th 18	13   I last saw have alive on October 11 1933 death is sa
7. AGE Years   Months   Days   If LES	S than to have occurred on the date stated above, at 930 Pm.
60 2 22 1day,	I HIG FRINCH AL CAUSE OF DEATH and teleten causes of importance
8. Trade, profession, or particular skind of work done as SPINNER.	1 11
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	mag Hoskatello
9. Judustry or business in which work was done, as SILK MILL, Steambook M.	ash, man
SAW MILL, BANK, etc	mystardits; chrone, my
this occupation (month and spent in this occupation occupation	Duration: not stated.
Dominist Cs.	Other Contributory Comes of importance:
12. BIRTHPLACE (city or town) (State or country)	J. Ocule Corocoe
1 0/2 17 1 1 1 1	Deolotal De
13. NAME Washington # ( reggine 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) And Andrews	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country)	Where did injury occur?
17. INFORMANT Couries To Maggin (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ashury Company pate sout, 13th	1933 Nature of Injury
120 000	
19 UNDERTAKER VIOLETTE	24. Was disease or injury in any way related to occupation of deceased?
(Address) Curffeld, III	of If so, specify fruit to outbourne
20. FILED 01, 13, 1933 (ECOLE	(Signed) M.
/ Reg	istrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH 10383
1. PLACE OF DEATH	93-2
County Oppurat	ATE LIMITS OF Registration Dist. No. 265
Village or City Cusfield	ND. St., Ward  [f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city/r town where death-occurredyrs	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME LIKY LIM I hehe	8
(a) Residence: ND. (b) Sual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I ettended deceased from
or wrang jine race	Was As 19 whore I 1 19
6. DATE OF BIRTH (month, day, and year) Carg -30 /869	I lest saw h aliva on; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
64 / 1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER / Laturant SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	Vateuronset
Industry or business in which work was done as SILK Mill	n' att
work was done, as SILK MILL, SAW MILL, BANK, etc.	aute Corduce Neal Core
10. Date deceased last worked at this occupation (month and last occupation) 11. Total time (years) spant in this occupation occupation	My ocordetas; chronice
12. BIRTHPLACE (city or town) Mayland (State or country)	Other Couribatory Causes of importanto wration not stated
I Automatical Auto	
4. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Malissea Boone 16. BIRTHPLACE (city or town) Cursfuld (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Condition  (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Mes. Jana Landon	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Conful Cond	
Place upfield Com. Data Oct 8, 193	Manner of injury
19. UNDERTAKER JOHN Wordstown (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEDOIT. 8, 1933 Etolling	(Signer) (Address) M. D
If more blanks are needed address Seeta Persian a	(Addless)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOV 8 3933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state Exact statement of OCCUPA-IS A PERMANENT RECORD. Every item of infor-PHYSICIANS stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. UNFADING INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

V. S. No. 1

1	. PLACE OF	DEA	TH	i wizin	ILAND	
	County		erset		**************************************	CORPORATE LIMITS Registration Dist. No. 265
	Village or Ci	ty_CI	risfield		SASSA LISE .	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of resid	lence in c	ity or town where d	eath occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAM	VIE	Georgia	. Anna S	Swiftt	
	(a) Residence	ce: No	Somer	Set. Ave	of abode)	St., Ward.  If nonresident give city or town and State
	PERSON	AL AN	D STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX F	4. COLO	R OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  Oct 29  (Month)  (Day)  (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or dive	orced			22. I HEREBY CERTIFY. That I attended decessed from  Oct. 77 1933 to Cell 29 1933
	DATE OF BIRTH (	month de		Oct 27	1933	I last saw here alive on Oct 18 19 3 3; death is said
	AGE Year		Months	Days 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 10.00 A 97%.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:  Date of onset
OCCUPATION	9 Industry or t	done, as L, BANK, ed last wo petion (mo	silk Mill, etcrked at 11 inth and	spa occ	time (years) ant in this supation	Other Contributory Causes of Importance:
00	(State or coun		C	2.044		
ATHER	13. NAME		rles Sw	sfield		
FAT	14. BIRTHPLACE (State or		own)		[d.	Name of operation Date of Was there an au'opsy? W
JER.	15. MAIDEN NA	ИΕ	Elizab	eth Har	rison	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16, BIRTIIPLACE (State or		OWII)	ls Isla	rid Id	Accident, suicide, or homicide?
17	. INFORMANT (Address)		Charles Cris	field	; Nd	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18	BURIAL, CREMAT			0.1	00	Manner of injury
-	PlaceS	A D	Lersu	AlDate D.C.T	30,1923.	Nature of injury
19	. UNDERTAKER	ON	nuli	rads	tan	24. Was disease or injury in any way related to occupation of deceased?
20	(Address)	:30	19.33	lecol	lins Registrar.	(Signed) . M. Jy for M. C. (Address) Cristal New M. C.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	. July 5,1927	Peritonitis	3 days ago
*		24 (54.69)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH  County Pornerse  Village or City Deals Alon No.  (If death occurred in a hospital or institution, give its NAME instead of street and num Length of residence In city or town where deeth occurred yrs, mos. As How long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	ds
Village or City  Village or City  No.  (IP death occurred in a hospital or institution, give its NAME instead of street and num tength of residence in city or town where deeth occurred.  yrs.  mos.  ds. How long in U.S. if of foreign birth?  yrs.  mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  (Usual place of abode)  If nonresident give city or town and Sta	ole 93.27
Village or City  Village or City  No.  (IP death occurred in a hospital or institution, give its NAME instead of street and num tength of residence in city or town where deeth occurred.  yrs.  mos.  ds. How long in U.S. if of foreign birth?  yrs.  mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  (Usual place of abode)  If nonresident give city or town and Sta	ole 93.27
Length of residence In city or town where deeth occurred yrs, mos. ds. How long in U. S. if of foreign birth? yrs, mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  (If death occurred in a horpital or institution, give its NAME instead of street and num mos. ds. How long in U. S. if of foreign birth? yrs, mos. ds. How long in U. S. if of foreign birth?  (b) Ward.  (If nonresident give city or lown and State of the st	ole 93.27
2. FULL NAME Julius Urallace for the standard of the standard	93 27
2. FULL NAME  (a) Residence: No.  (b) Company (Company)	93 27
(a) Residence: No. October Modern St., Ward.  (Usual place of abode)  (Usual place of abode)  MEDICAL CEPTIFICATE OF DEATH	93 27
(Usual place of abode) If nonresident give city or lown and Sta	93 27
	93 <b>)</b> 7 (Yeer)
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH  21. DATE OF DEATH	93. (Yeer)
OR DIVORCED (Spring the word)	(Yeer)
5a. If married, widowed, or divorcad (Month)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22.   HEREBY CERTIFY, That I attended dace   19.33 to   19.	eased from
e 0 d 1 3 10 0 d 13	, 19_30
	laath is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, 3-hrs. or min.  Ilast saw h aliva on 1 day aliva on	
1 day, 3hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, atc.	
SAW MILL, BANK, etc	
## g   0 10. Dete deceesed last worked at 11. Total time (years)	
this occupation (month end spant in this occupation occupation Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Deals Tolker Md Other Contributory Causes of importance:	
3 (State or country) 400 4 4 0 4	
STER IS IS NAME Julies Wallace So	
- 0 E	
What test confirmed diagnosis? Was there en auto	psy?
23. If death was due to external causes (VIDL ENCE) fill in also tha following:	
16. BIRTHPLACE (city or town) Described Md Accident, suicide, or homicide? Date of injury	., 19
Accident, suicide, or homicide?    Accident, suicide, or homicide?   Comparison of the property of the propert	
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address)  O P 18. BURIAL, CREMATION, OR REMOVAL	
wanner or injury	
P.C. State of the	
(Address)  If so, specify  (Signat)  (Signat)	A
20. FILED. , 19 3 (Signal) (Signal) (Address) (Address) (Address) (Address)	M. D
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Managana

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	P. Company	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
---

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10387
1. PLACE OF DEATH	119
County Summersch	Registration Dist. No. 208
Village or City Deland	NDSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME BULL. In ay Malter	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Par)
5a. If married, widowed, or divorced	(wonth) (bay) Chear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and year) 1 21 1433	I last saw he alive on D. 4 11 19.33; death is said
7. AGE Yeers Months Days If LESS then	to have occurred on the date steted above, et _ 9 _ P m.
1933 43 70 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPPR, etc.	91 tol 1. 10-2039
kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and	10073
D. Date decessed last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Stale Usland (State or country)	Other Contributory Causes of Importence:
13. NAME S. Org Stin White	
M. BIRTHPLACE (city or town) Sterry a	Neme of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
MAIDEN NAME Cellan Staller B. BIRTHPLACE (city or town) Weals Island	23. If deeth wes due to externel ceuses (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Colorense Shalter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece at 12 193	Nature of injury
19. UNDERTAKER FIRED T. Stylester (Address) Decilo la Com (1)	24. Was disease or Injury in any wey releted to occupation of deceased? 70
20. FILED COST 12, 1933 Roma Welraly	(Signed) Deals fallen MA M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	• 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago
BUREAU V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	ADDITIONAL S						Art	11
102	authorizal	ion of	moth	unn	anne	su	teller	file
under	A howital	0						0
6								

# STATE OF MARVI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Margaret	Registration Dist. No. 267
	No. St. Wa
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(1)	ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME LOW WY CM	Ol Ward
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 30 1933 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Suma  Suma	22. I HEREBY CERTIFY. Thet attended deceased from 1935. 1933 to 0.130 1935
6. DATE OF BIRTH (month, day, end year) In fan own (	I lest sew h Lana alive on O. Ch. 30, 1933; death is so
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at _Dm.
65 T   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were established.  Oate of one
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Marine Charge Langue las
9. Industry or business in which work was done, as SILK MILL WALL TO CAME.  SAW MILL, BANK, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
U 10. Date deceased last worked at 11. Total time (years)	1 y epirillo, pelloura
this occupation (month end 1931 spent in this occupation	JX PSW
12. BIRTHPLACE (city or town)	Other Contributory Capter of importance:
(State or country)	Sentery
13. NAME Plus White	·
4. BIRTHPLACE (city or town)	Name of operation Date of Was there an eulopsy?
15. MAIOEN NAME Kapie & Jarres	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME KARRY (16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(Stete or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Phusa While (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Parried Granter Date 1605, 1933	Nature of injury
19. UNDERTAKER Fred T. Webster	24. Was disease or injury in any wey related to occupation of deceased?
(Address) DEALS ISLAND, MD.	If so, specify
20. FILED Oct 31, 1933 We D- Kelly Registrar.	(Signed) (Address) CHANCE
A Acginial.	

V. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year